

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	613015
<015>	Study Area Name	MATANUSKA TEL ASSOC
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Sonja Nelson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9077612439 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	snelson@mta-telco.com
Form Type		54.313 and 54.422

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**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<110>	Has your company received its ETC certification from the FCC?	(yes / no )	<input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no )	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

613015AK112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115>  
 <116>  
 <117>  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

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No

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**(300) Unfulfilled Service Request  
Data Collection Form**FCC Form 481  
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&lt;300&gt; Unfulfilled service request (voice)

0

&lt;310&gt; Detail on attempts (voice)

Name of Attached Document

&lt;320&gt; Unfulfilled service request (broadband)

0

&lt;330&gt; Detail on attempts (broadband)

Name of Attached Document

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<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

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<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
613015AK510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

<b>(600) Functionality in Emergency Situations Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	snelson@mta-telco.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	613015AK610.pdf

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<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	13.2

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[illegible]

**(800) Operating Companies  
Data Collection Form**

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	<u>snelson@mta-telco.com</u>
<810>	Reporting Carrier	Matanuska Telephone Association, Inc
<811>	Holding Company	Matanuska Telephone Association, Inc.
<812>	Operating Company	Matanuska Telephone Association, Inc

[illegible]

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**(900) Tribal Lands Reporting  
Data Collection Form**

 FCC Form 481  
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<900> Does the filing entity offer tribal land services? (Y/N) Yes

<910> Tribal Land(s) on which ETC Serves

Portions of the Matanuska Susitna Borough, Denali Borough, Municipality of Anchorage and the Kenai Peninsula Borough

<920> Tribal Government Engagement Obligation

613015AK920.pdf

<921>

- <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 613015AK1010.pdf

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Name of Attached Document

<1020> Broadband comparability certification Not Applicable

<1030> Attach detailed description for broadband comparability compliance

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Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

Yes

&lt;1130&gt;

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

613015AK1210.pdf

<1220> Link to Public Website

HTTP [www.mtasolutions.com/homephone/service/lifeline](http://www.mtasolutions.com/homephone/service/lifeline)

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing  
Required Information

Name of Attached Document Listing  
Required Information

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**(2000) Price Cap Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

&lt;2016&gt; Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

&lt;2017A&gt; Connect America Fund Phase II recipient?

&lt;2017B&gt; Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing  
Required Information

cap carrier used for capital expenditures in 2015.

&lt;2018&gt; Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing  
Required Information

&lt;2019&gt; Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

&lt;2020&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

&lt;2021&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

&lt;2026&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

&lt;2027&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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**(3005) Rate Of Return Carrier Additional Documentation**  
**Data Collection Form**

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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	613015AK3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Yes - Attach New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	613015AK3012.pdf
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	613015AK3026.pdf

**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

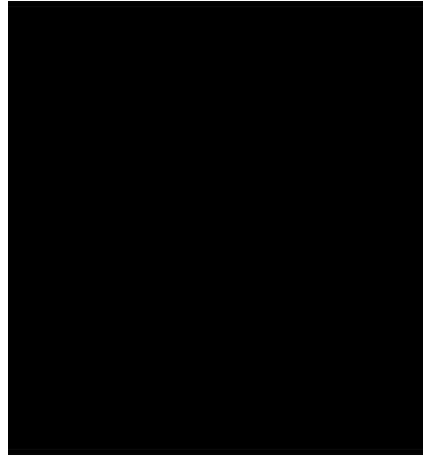
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MATANUSKA TEL ASSOC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2016
Printed name of Authorized Officer: Wanda Tankersley	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 9077612654 ext.	
Study Area Code of Reporting Carrier: 613015	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	613015
<015>	Study Area Name	MATANUSKA TEL ASSOC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Sonja Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077612439 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	snelson@mta-telco.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	13.2

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

**(710) Broadband Price Offerings  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	613015
<015>	Study Area Name	MATANUSKA TEL ASSOC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Sonja Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077612439 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	snelson@mta-telco.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees		Broadband Service - Download Speed (Mbps)			
	AK	ALL	80.0	0.0	80.0	10.0	2.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	90.0	0.0	90.0	10.0	2.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	100.0	0.0	100.0	10.0	2.0	250.0	Other, overage charge if no rolling gigs available
	AK	ALL	110.0	0.0	110.0	10.0	2.0	250.0	Other, overage charge if no rolling gigs available
	AK	ALL	115.0	0.0	115.0	10.0	2.0	500.0	Other, overage charge if no rolling gigs available
	AK	ALL	125.0	0.0	125.0	10.0	2.0	500.0	Other, overage charge if no rolling gigs available
	AK	ALL	100.0	0.0	100.0	20.0	2.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	110.0	0.0	110.0	20.0	2.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	110.0	0.0	110.0	20.0	2.0	250.0	Other, overage charge if no rolling gigs available
	AK	ALL	120.0	0.0	120.0	20.0	2.0	250.0	Other, overage charge if no rolling gigs available
	AK	ALL	125.0	0.0	125.0	20.0	2.0	500.0	Other, overage charge if no rolling gigs available
	AK	ALL	135.0	0.0	135.0	20.0	2.0	500.0	Other, overage charge if no rolling gigs available
	AK	ALL	110.0	0.0	110.0	40.0	20.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	120.0	0.0	120.0	40.0	20.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	130.0	0.0	130.0	40.0	20.0	250.0	Other, overage charge if no rolling gigs available
	AK	ALL	140.0	0.0	140.0	40.0	20.0	250.0	Other, overage charge if no rolling gigs available
	AK	ALL	145.0	0.0	145.0	40.0	20.0	500.0	Other, overage charge if no rolling gigs available
	AK	ALL	155.0	0.0	155.0	40.0	20.0	500.0	Other, overage charge if no rolling gigs available
	AK	ALL	125.0	0.0	125.0	75.0	25.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	135.0	0.0	135.0	75.0	25.0	100.0	Other, overage charge if no rolling gigs available
	AK	ALL	135.0	0.0	135.0	75.0	25.0	250.0	Other, overage charge if no rolling gigs available

REDACTED - FOR PUBLIC INSPECTION

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613015
<015>	Study Area Name	MATANUSKA TEL ASSOC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Sonja Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	9077612439 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	snelson@mta-telco.com

[illegible]

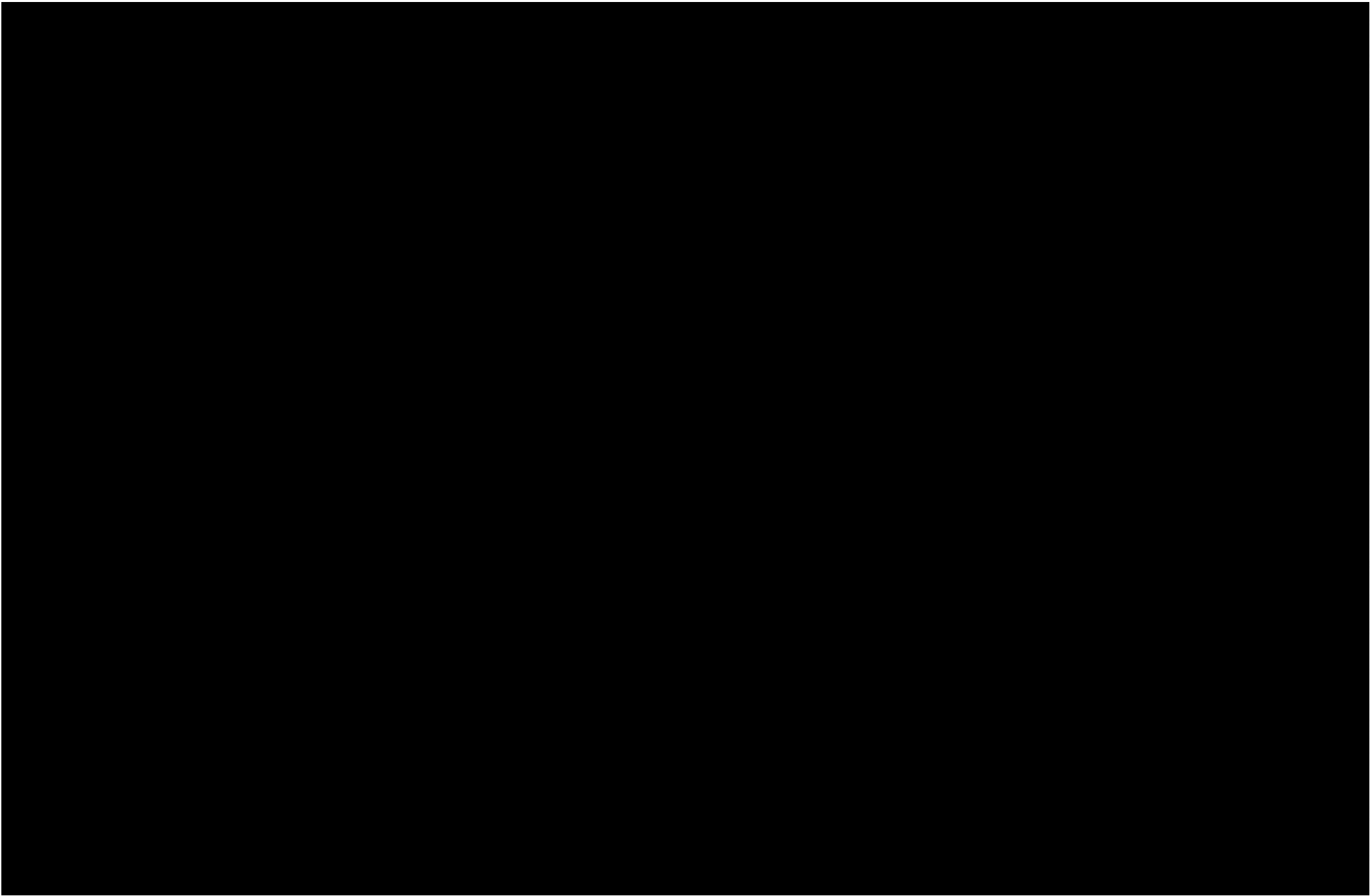
REDACTED - FOR PUBLIC INSPECTION

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

[illegible]

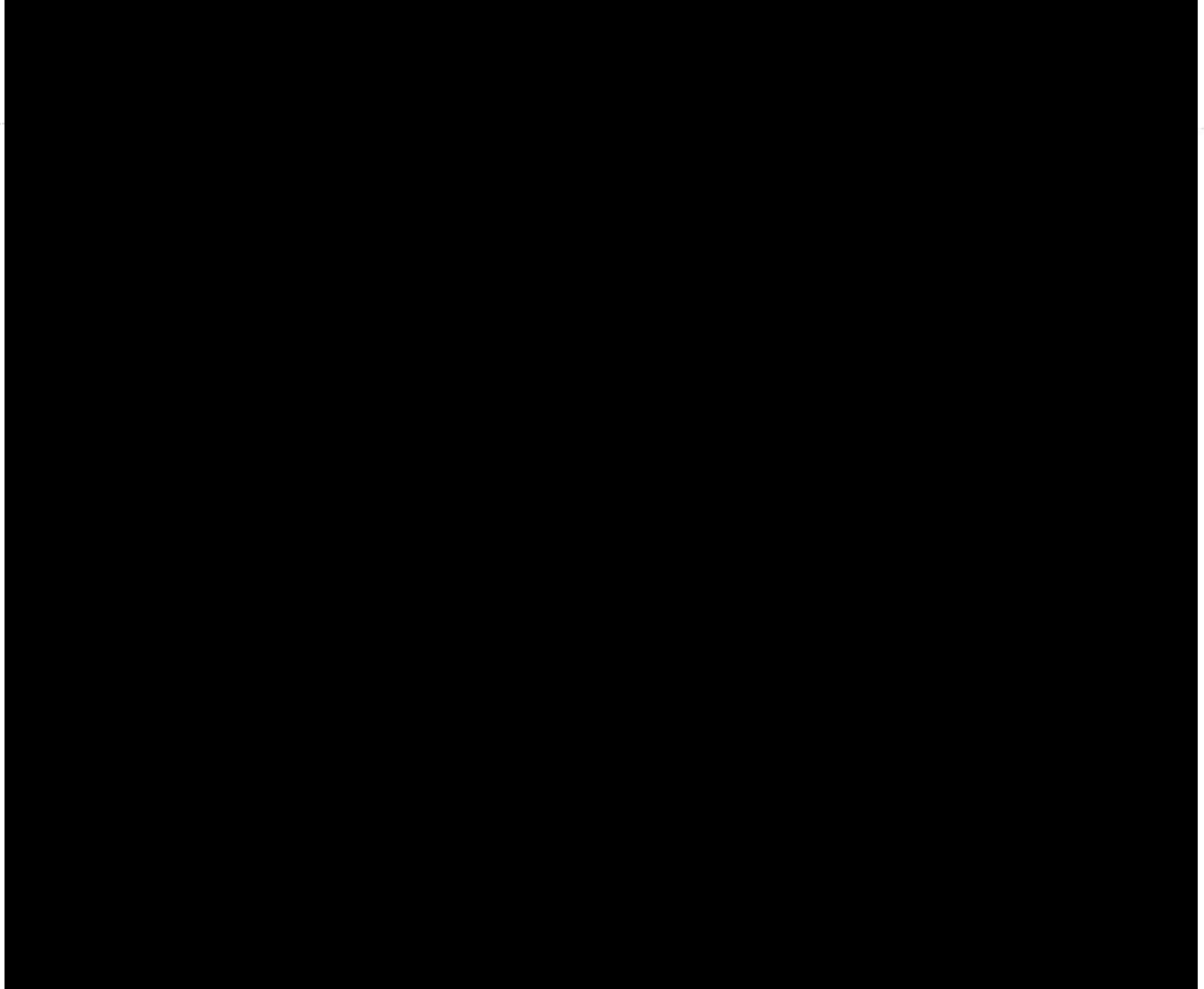
REDACTED - FOR PUBLIC INSPECTION

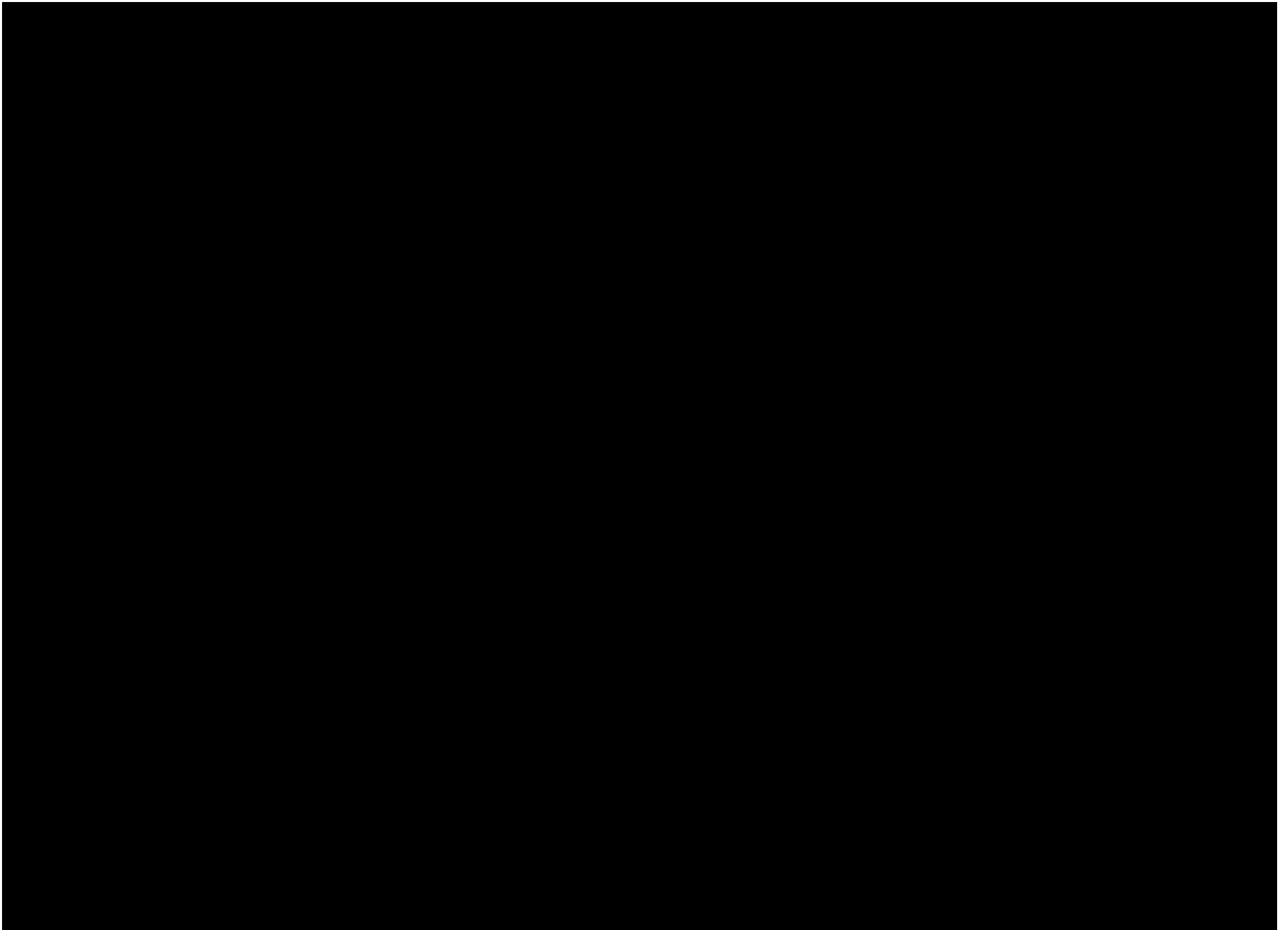


REDACTED - FOR PUBLIC INSPECTION

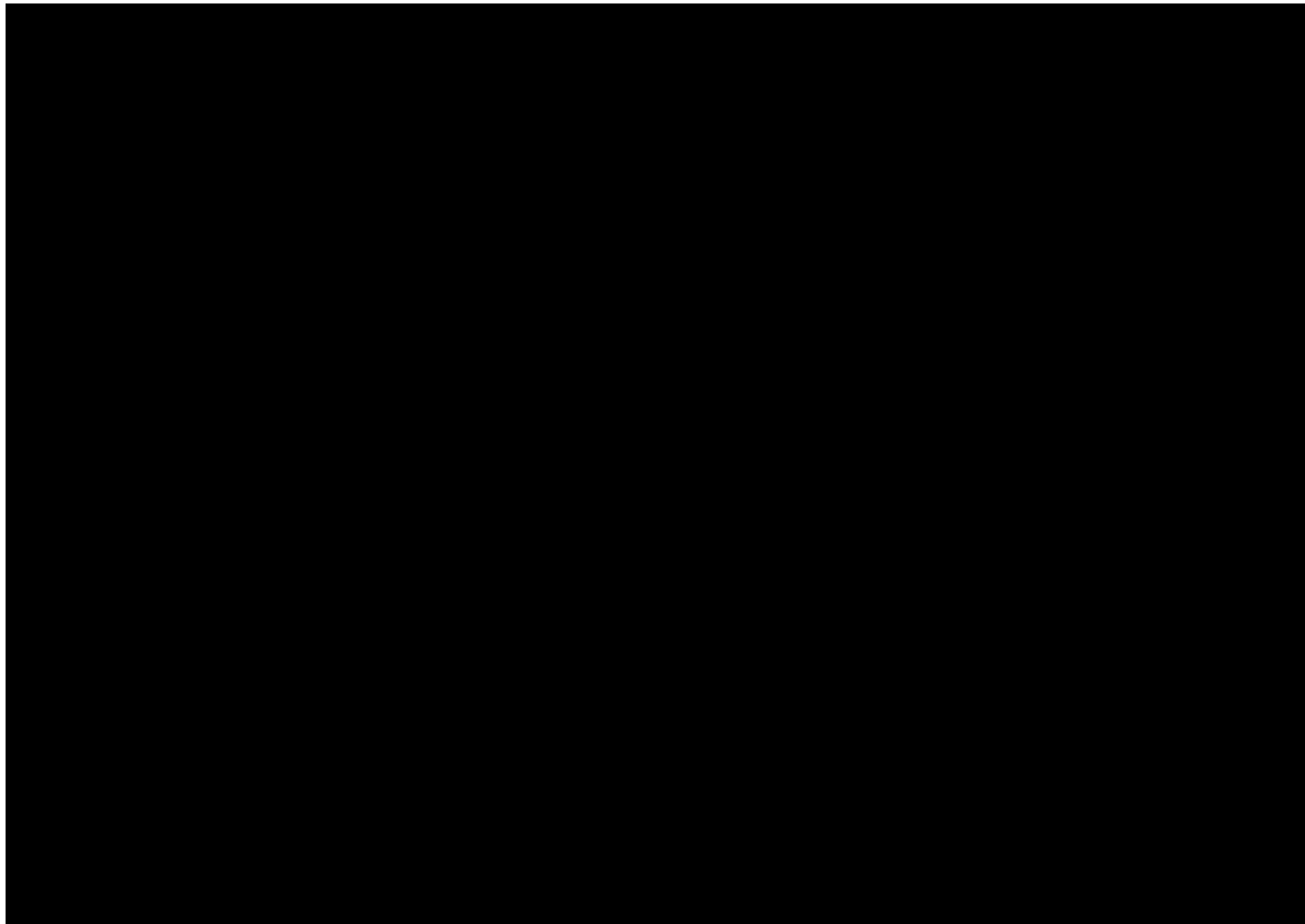
**Confidential**  
**NOT FOR PUBLIC INSPECTION**

**Annual Progress Report for Matanuska Telephone Association, Inc.**





REDACTED - FOR PUBLIC INSPECTION



REDACTED - FOR PUBLIC INSPECTION



REDACTED - FOR PUBLIC INSPECTION



**(510) Service Quality Standards and Consumer Protection Rules Compliance**

Matanuska Telephone Association, Inc. provides service as specified in 47 CFR § 54.101(a), specifically the company provides:

- Voice grade access to the public switched network.
- Minutes of use for local service provided at no additional charge to end users.
- Access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911, to the extent the local government in an eligible carrier's service area has implemented 911 or enhanced 911 systems.
- Toll limitation services to qualifying low-income consumers.

The company meets service qualifications as specified in the Alaska Administrative Code at 3 AAC 53.450, specifically the company provides:

- At least one business office, with toll-free calling, staffed during the Regulatory Commission of Alaska's business hours, to provide customers with access to personnel who can timely provide information on services and rates, accept and process service applications, explain and adjust bills, and generally represent the carrier.
- Consumer complaint procedures in an easily accessible location on the company website.

The company meets service qualifications as specified in the Alaska Administrative Code at 3 AAC 53.265, in summary the company provides:

- Adequate, efficient, and safe facilities-based essential retail and carrier-to-carrier telecommunication services of similar quality through its carrier of last resort area.
- Does not allow any diminution of quality or availability of essential retail and carrier-to-carrier telecommunication services throughout its carrier of last resort area.

The company complies with 47 CFR § 64.2009 and:

- Has implemented a system by which the status of a customer's CPNI approval can be clearly established prior to the use of CPNI.
- Maintains a manual detailing proper treatment of CPNI and continues to train all employees according to the manual and enforce a discipline policy.
- Reviews policies and procedures annually and a company officer certifies to compliance.

The company complies with the Red Flags Rule and has developed, implemented and continues to administer an Identify Theft Prevention Program. This includes:

- Identifying likely identity theft red flags.
- Detecting likely red flags during operations.
- Acting to prevent and minimize harm when red flags are detected.
- Maintaining the red flag program through internal review and training.

**(610) Functionality in Emergency Situations –**

Matanuska Telephone Association, Inc. (MTA) provides service as specified in 47 CFR § 54.202(a)(2). The company has engineered and built its network to remain functional in emergency situations. MTA operates 11 central offices with a total of 4 voice switches serving its customers. Each central office has 8 hours of back up battery and standby generators. Additionally MTA operates over 200 small equipment sites which each have 8 hours of backup battery capacity. Critical sites have standby generators. MTA maintains mobile generators to deploy to sites in the case of extended power outages. MTA has redundant facilities between most of the central offices and significant capacity to manage most emergency situations. With the exception of very remote central offices MTA has at least 2 paths between offices and to the IXC's.

### **(920) Tribal Government Engagement Obligation**

There are five federally recognized tribes in Matanuska Telephone Association, Inc's (MTA) service area. During 2015 MTA attempted to engage with these Tribal governments by mailing a certified letter to each Administrator, and placing a follow-up call to each office after the letter was delivered. Two Tribes agreed to meetings. MTA met with representatives of The Native Village of Eklutna and the Native Village of Tyonek. At each meeting participants discussed:

- A needs assessment and deployment planning with a focus on community anchor institutions. Tribal administrators were invited to inform the company what improvements or new services the Tribes identified as important to their members.
- Feasibility and sustainability, specifically potential sources of funding for additional services the Tribes felt would be useful. Both Tribes and the company acknowledged the difficulty in acquiring funding to deploy new services but agreed to communicate if potential resources are identified.
- The company's marketing efforts. Neither of the Tribes offered comments regarding MTA Wireless' marketing.
- Reviewed the Tribe's rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes. Each Tribe found MTA Wireless to be in compliance with any applicable requirements.
- Compliance with Tribal business and licensing requirements. MTA Wireless inquired whether any compliance is lacking and invited feedback from the Tribe.

Attached is a copy of the Template for the Tribal Engagement Letter that was sent to the Chickaloon Village Traditional Council, Knik Tribal Council, Cantwell Native Council, Native Village of Eklutna and the Native Village of Tyonek in 2015. We are also providing the certified mail numbers, date the letter was sent and when it was signed for.

Matanuska Telephone Association, Inc  
613015AK920

July 28, 2015

President, Tribal Administrator,  
Tribal Government  
Address  
City, State Zip

Dear :

We would like to invite you to meet with Matanuska Telephone Association, Inc (MTA) to discuss the needs of your community regarding telecommunications services. To stay in compliance with FCC rules, carriers like MTA need to engage Tribal governments in discussions related to telecommunications services provided to people living on tribal land. These rules are intended to facilitate and support connectivity to modern telecommunications services in remote areas of our nation.

We welcome this opportunity for tribal engagement and invite you to meet with MTA to discuss the needs of your community. Please contact myself, Wanda Tankersley at 761-2654 or [wtankersley@mta-telco.com](mailto:wtankersley@mta-telco.com) at your convenience with any questions or for scheduling information.

Sincerely,

Wanda Tankersley  
Chief Financial Officer  
Matanuska Telephone Association, Inc.  
*and its subsidiary, MTA Communications, LLC*

REDACTED - FOR PUBLIC INSPECTION

Certified mailing information for 2015 tribal engagement letters:

**Outreach Letter**

<b>Village Name</b>	<b>Village Leader</b>	<b>Certified Receipt #</b>	<b>Date Mailed</b>	<b>Date Rec'd</b>
Chickaloon Native Village	Gary Harrison, Chief / per website	7009 1410 0002 3281 7919	7/31/2015	8/6/2015
Knik Tribal Council	Michael Tucker, President / per CIRI website	7009 1410 0002 3281 7773	7/31/2015	8/5/2015
Native Village of Cantwell	Rene Nicklie, President / per national congress website	7009 1410 2225 3281 7780	7/31/2015	8/3/2015
Native Village of Eklutna	Lee Stephan, President / per website	7009 1410 0002 3281 7797	7/31/2015	8/3/2015
Native Village of Tyonek	Alfred Goozmer, President /per national congress website	7009 1410 0002 3281 7803	7/31/2015	8/4/2015

Matanuska Telephone Association, Inc.  
613015AK1010

**(1010) Description of Voice Services Rate Comparability**

Matanuska Telephone Association, Inc.'s pricing of fixed voice services at \$13.20, plus applicable State Charges is below the national average urban rate for voice service of \$41.07, as published by the Wireline Competition Bureau in Public Notice released April 5, 2016.

**(1210) Terms and Conditions of Voice Telephony Lifeline Plans**

Matanuska Telephone Association, Inc. offers Lifeline service to qualified customers under the rules established by the Federal Communications Commission and the Regulatory Commission of Alaska. Lifeline subscribers purchase the company's local, residential Individual Access Service for \$13.20 per month, to which federal and state Lifeline credits are applied, reducing the customer's bill. Lifeline customers receive unlimited local usage and toll restriction service. If the subscriber requests toll access they may subscribe to the long distance carrier of their choice and enroll in any long distance calling plan offered by their chosen carrier. Terms and conditions of residential Individual Access Service and Lifeline Service are detailed in RCA Tariff No. 19 sheets that are attached. Terms and conditions for enrollment in the Lifeline program are more fully defined in the "Lifeline and Link-up Assistance Program Application" that is attached.

RCA NO. 19

Sixth Revised

Sheet No.

148

Cancelling:

Fifth Revised

Sheet No.

148

**INFORMATIONAL  
FILING ONLY**Rec'd 1/15/14Matanuska Telephone Association, Inc.  
1740 S. Chugach Street  
Palmer, AK 99645**2.0 LOCAL ACCESS****2.4 Local Service Assistance****2.4.1 Tribal Lifeline & Tribal Link Up Service**

T

**A. General**

1. Tribal Lifeline and Tribal Link Up Service support is available only to qualifying low income customers residing on Tribal Lands. Tribal Lands are defined in Subpart A of the regulations promulgated by the U.S. Dept. of the Interior's Bureau of Indian Affairs (BIA). Tribal Lands include any Alaska Native village or regional or village corporation as defined or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) which is federally recognized as eligible by the U.S. Government for the special programs and services provided by the Secretary of the Interior to Indians because of their status as Indians. The entire state of Alaska is regarded as reservation under BIA definition and is therefore considered "Tribal Land".
2. Lifeline provides eligible low-income subscribers a reduction in their monthly local phone charges (local service, federal and state subscriber line charges). T, C
3. Tribal Link Up covers 100% of new service non-recurring connection fees up to \$100.00. The supported services under this section do not include the charges assessed for facilities or equipment that fall on the customer's side of the demarcation point, i.e. customer premises equipment and inside wiring charges. T, C
4. The customer may defer payment on up to \$200 of the above charges without interest for a period not to exceed one year. The deferred charges do not include any permissible security deposit required. Payment shall be equally paid over a twelve month period. If any payments are delayed, interest shall accrue from that date forward.

Tariff Advice: 375-19

Effective: January 15, 2014

Issue Date: January 15, 2014

Issued By: Matanuska Telephone Association, Inc.

By: Wanda Tankersley Title: Chief Financial Officer  
Name: Wanda Tankersley

RCA NO. 19

Fourth Revised

Sheet No.

148.1

Canceling:

Third Revised

Sheet No.

148.1

**INFORMATIONAL  
FILING ONLY**

Matanuska Telephone Association, Inc.  
1740 S. Chugach Street  
Palmer, AK 99645

Rec'd 1/15/14**2.0 LOCAL ACCESS****2.4 Local Service Assistance (cont'd)****2.4.1 Tribal Lifeline & Tribal Link Up Service (cont'd):****B. Regulation**

1. Tribal Lifeline and Tribal Link Up Service will be offered to any requesting customer meeting the criteria in (a) and/or (b) below:

- a. The customer lives in a household with income at or below 135 percent of the Federal Poverty Guidelines for Alaska. A household is any group of individuals living together at the same address as one economic unit. An economic unit consists of all adult individuals contributing to and sharing in the income and expenses of a household. (Pursuant to 47 CFR 54.400(h)) Or,

T, C

- b. The customer receives benefits under:

- (1) Medicaid
- (2) Supplemental Nutrition Assistance Program (SNAP)
- (3) Supplemental Security Income (SSI)
- (4) Federal Public Housing Assistance
- (5) Low Income Home Energy Assistance
- (6) Bureau of Indian Affairs General Assistance Program
- (7) Temporary Assistance for Needy Families (TANF)
- (8) Head Start Programs (only those meeting its income qualifying standard)
- (9) National School Lunch Program (free meals program only)
- (10) Alaska Temporary Assistance Program (ATAP)
- (11) Alaska Adult Public Assistance Program (APA)
- (12) Child Care Assistance Program – PASS I, II or III
- (14) Alaska State Housing Corporation Programs:
  - A. Public Housing
  - B. Interest Rate Reduction for Low Income Borrowers
  - C. Home Investment Partnership Program (HOME)
  - D. Low Income Housing Tax Credit Program
  - E. Senior Citizen Housing Development Fund

D, L

L

Tariff Advice: 375-19

Effective: January 15, 2014

Issue Date: January 15, 2014

Issued By: Matanuska Telephone Association, Inc.

By:

Name: Wanda Tankersley

Title: Chief Financial Officer

RCA NO. 19

Fourth Revised

Sheet No.

148.2

Canceling:

Third Revised

Sheet No.

148.2**INFORMATIONAL  
FILING ONLY**Rec'd 1/15/14

Matanuska Telephone Association, Inc.  
1740 S. Chugach Street  
Palmer, AK 99645

**2.0 LOCAL ACCESS****2.4 Local Service Assistance (cont'd)****2.4.1 Lifeline & Link Up Service (cont'd)****B. Regulation (cont'd)****1. b. The customer receives benefits under (cont'd):**

- (15) Pioneer Home Payment Assistance
- (16) Denali Kid Care
- (17) Women Infant and Children's Program (WIC)
- (18) State of Alaska Senior Benefits Program
- (19) State of Alaska Heating Assistance Program

T  
T**c. Before receiving Lifeline or Link Up service, the customer must sign, under penalty of perjury, a document certifying the following:**

N

- (1) The subscriber, one or more of the subscriber's dependents, or subscriber's household meets income-based or program based eligibility criteria or receives benefits from at least one program listed in this tariff section.
- (2) The subscriber will notify the Company within 30 days if for any reason he or she no longer satisfies the criteria for receiving Lifeline.
- (3) The subscriber lives on Tribal Lands. (All of Alaska is considered Tribal Lands.)
- (4) If the subscriber moves, he or she will provide the new address to the Company within 30 days.
- (5) The subscriber's household will receive only one Lifeline service, and the household is not already receiving Lifeline service.
- (6) The information contained in the subscriber's certification form is true and correct to the best of his or her knowledge.
- (7) the subscriber acknowledges that providing false or fraudulent information is punishable by law.
- (8) The subscriber acknowledges he or she may be required to recertify his or her continued eligibility at any time.

N

Tariff Advice: 375-19

Effective: January 15, 2014

Issue Date: January 15, 2014

Issued By: Matanuska Telephone Association, Inc.

By:



Title: Chief Financial Officer

Name: Wanda Tankersley

RCA NO. 19

Second Revised

Sheet No.

148.3

Canceling:

First Revised

Sheet No.

148.3

**INFORMATIONAL  
FILING ONLY**

Rec'd 1/15/14

Matanuska Telephone Association, Inc.  
1740 S. Chugach Street  
Palmer, AK 99645**2.0 LOCAL ACCESS****2.4 Local Service Assistance (cont'd)****2.4.1 Lifeline & Link Up Service (cont'd)****B. Regulation (cont'd)**

d. To certify a customer's initial eligibility, the customer shall provide documentation of income to the Utility in one of the following forms:

T

- (1) a previous year's state or federal tax return;
- (2) a current income statement from an employer or paycheck stub.
- (3) a statement of benefits from the U.S. Social Security Administration
- (4) a statement of benefits from the U.S. Dept of Veterans Affairs;
- (5) a retirement or pension statement of benefits;
- (6) an unemployment or workers' compensation statement of benefits;
- (7) a federal or tribal notice letter of participation in general assistance;
- (8) a divorce decree or child support document; or
- (9) any other official document issued by a provider of income to document that income.

e. If the customer-provided documentation does not cover a full year, the documentation must cover at least three consecutive months within the previous twelve months.

T

T, C

f. The Company shall annually verify that the Lifeline customers remain eligible for Lifeline service as defined by 47 CFR 54.410. To verify a customer's continued eligibility for Lifeline service, the Company will require a self-certification form signed under penalty of perjury from the customer.

N, T

D

h. Only one Lifeline service will be permitted per household.

T

Tariff Advice: 375-19

Effective: January 15, 2014

Issue Date: January 15, 2014

Issued By: Matanuska Telephone Association, Inc.

By:

Name: Wanda Tankersley

Title: Chief Financial Officer

RCA NO. 19

First Revised

Sheet No.

148.4

Canceling:

Original

Sheet No.

148.4

**INFORMATIONAL  
FILING ONLY**

Rec'd 1/15/14

Matanuska Telephone Association, Inc.  
1740 S. Chugach Street  
Palmer, AK 99645

**2.0 LOCAL ACCESS**

**2.4 Local Service Assistance (cont'd)**

**2.4.1 Lifeline & Link Up Service (cont'd)**

**B. Regulation (cont'd)**

2. Lifeline service customers will not be disconnected or refused Lifeline or Link Up services for non-payment of any of the following:

- (a) interexchange carrier charges;
- (b) cable television charges;
- (c) satellite television charges;
- (d) charges for cellular telephone service, if those charges are for service other than Lifeline service;
- (e) charges for services not subject to commission regulation;
- (f) charges for bundle services if local service is part of the bundle.

3. If the consumer chooses toll blocking the Utility will not charge a deposit for Lifeline Service. There is no monthly recurring charge to the Lifeline customer for toll blocking. T

4. Lifeline includes the following services: T

- (a) single party, voice grade access to the public switched network;
- (b) access to emergency services;
- (c) access to operator services;
- (d) access to interexchange services, unless toll blocking is chosen
- (e) access to directory assistance; and,
- (f) toll blocking, if requested.

5. Link Up Service assistance shall be provided a subsequent time only for a principal residence of a qualifying applicant provided that the residence has a different address than the residence where the same qualifying applicant initially received Link Up Service. T

Tariff Advice: 375-19

Effective: January 15, 2014

Issue Date: January 15, 2014

Issued By: Matanuska Telephone Association, Inc.

By: Wanda Tankersley Title: Chief Financial Officer  
Name: Wanda Tankersley

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RCA NO. 19	<u>Fifth Revised</u>	Sheet No.	<u>149</u>
Canceling:	<u>Fourth Revised</u>	Sheet No.	<u>149</u>
Matanuska Telephone Association, Inc. 1740 S. Chugach Street Palmer, AK 99645			

## 2.0 LOCAL ACCESS

### 2.5 Telecommunications Service Priority (TSP)

(N)

TSP is a program that authorizes national security and emergency preparedness (NS/EP) organizations to receive priority treatment for vital voice and data circuits or other telecommunications services. Individuals or organizations must provide a TSP Authorization Code for each service for which they are requesting TSP designation.

A non-recurring TSP Level Implementation charge will apply when a request to assign or change a TSP level is received subsequent to the issuance of an order to install the service. (Reference 5.4.M.1)

A non-recurring TSP Level Implementation charge will not apply when TSP is discontinued or when ordered simultaneously with an order to install service.

A TSP recurring charge will apply to each service assigned a TSP level. (Reference 5.2.A.4)

Time and materials charges may be applicable when provisioning or restoring services with TSP and will be billed to the customer by the Company. (Reference 5.4 & 8.0)

When TSP priority provisioning is requested applicable non-recurring charges will apply, as well as a TSP Provisioning Charge. (Reference 5.4) TSP priority provisioning orders must include a TSP Authorization Code.

When a customer requests an audit or a reconciliation of the Company's TSP records, a TSP non-recurring charge will be applied. Additional labor rate charges, if applicable, will be billed to the customer by the Company. (Reference 5.4.M.3)

TSP's applicability is limited to those services which the Company can discreetly identify for priority provisioning and/or restoration.

(N)

Tariff Advice 374-19

Effective March 11, 2013

Issue Date: March 8, 2013

Issued By: Matanuska Telephone Association, Inc.

By: \_\_\_\_\_

Title: Manager, Regulatory Affairs

Name: Kenneth C. Bahr

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## Lifeline Household Worksheet

**Use this worksheet to determine whether more than one household resides at a single address.**

**Please complete the form, read and initial the appropriate certifications at the bottom of the sheet, sign and date.**

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ☐ YES ☐ NO
  - > If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - > If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address.

A. A parent <input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate <input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter <input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other <input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

  - > If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - > If you checked YES, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO
  - > If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
  - > If you checked YES, then your address includes only one household.
4. If you checked YES in #3 above, as one household, does anyone else in your household that you share living expenses with (bills, food, etc.) and share income with (either your income, the other person's income or both incomes together) receive Lifeline benefits?  
☐ YES ☐ NO
  - > If you checked YES, you may not sign up because someone in your household already receives Lifeline.

### CERTIFICATION

*Please initial the appropriate certification below and sign and date this worksheet.  
Submit this worksheet to MTA along with your Lifeline application.*

- A. ☐ I certify that I live at an address occupied by multiple households. Only sign if you are a multiple household. See #3
- B. ☐ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_

Date \_\_\_\_\_



- ☐ **LANDLINE—MATANUSKA TELEPHONE ASSOCIATION**  
☐ **WIRELESS—MTA COMMUNICATIONS**

Benefit Transfer Authorized:  
Applicant Initial \_\_\_\_\_ Effective Date \_\_\_\_\_

Lifeline Phone # \_\_\_\_\_

## Lifeline & Link-Up Assistance Program Application

**SUBSCRIBER APPLICATION FORM--** *This form must be completed accurately and in its entirety to be considered for eligibility for Lifeline benefits. After completing, please sign, date and mail to MTA at 1740 S. Chugach St., Palmer, AK 99645 or drop off at MTA. If you are mailing the application, you must include a copy of your legal picture ID and proof of participation in a qualifying program or income eligibility threshold. Thank you.*

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
*Physical Street Address (not PO Box)		Apartment/Unit #	Is your Address <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
* Physical address provided above must be the physical location of your residence. PO Boxes are not considered to be a physical address and will not be accepted.			
City	State	ZIP	
Mailing Address for Lifeline Assistance Program Correspondence			
City	State	ZIP	
Birthdate	Last 4 Digits of Social Security or Tribal ID Number	Contact Phone Number	

**Do you currently receive Lifeline benefits from another Provider?**

- YES** ☐ If YES, you are not eligible to receive Lifeline benefits as requested. Per regulations you are only allowed to receive one Lifeline benefit per household. You will need to disconnect your current Lifeline service before being eligible for Lifeline with Matanuska Telephone Association or MTA Communications.
- NO** ☐ If NO, please complete the remainder of the form.

### LIFELINE CRITICAL INFORMATION

- Lifeline service is a government program that enables qualified low-income consumers and/or Assistance Program Participants to receive discounted service on either a wireless or landline phone. Qualifying consumers are limited to one Lifeline service per household. A household is any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers. Any such violation of the one-per-household limitation constitutes a violation of federal law and will result in the subscriber's disenrollment from the program. Defrauding a federal government program may also result in fines and/or criminal prosecution, and/or being barred from future participation in government programs.
- Lifeline is a non-transferable benefit. The subscriber may not transfer his or her benefit to any other person at any time.

### PARTICIPANT RESPONSIBILITIES

- Subscriber will notify their carrier within 30 days if, for any reason, he or she no longer meets the eligibility requirements listed above.
- If the subscriber moves to a new address, he or she will provide that new address to their carrier within 30 days.



**ELIGIBILITY REQUIREMENTS: Complete either Section A below or Section B on the next page.**

**A. Assistance Program Participation Check only one Program Below**

I certify that I currently participate in and receive benefits from the following program below:

- You must provide proof of participation in this program before the application will be accepted.

Please initial

I certify that (a) If I am not the program beneficiary, the beneficiary is a member of my household and

(b) The beneficiary is not currently receiving Lifeline

Please initial

**Beneficiary's Name** (may be a dependent): \_\_\_\_\_

**Beneficiary's Birthdate** \_\_\_\_\_ **Last 4 of Social Security or Tribal ID Number** \_\_\_\_\_

- If application is mailed, documents provided for proof will be destroyed and not returned, unless a stamped, self-addressed envelope is enclosed with application.

<input type="checkbox"/> Medicaid/Denali Care (not Medicare)	<input type="checkbox"/> Low Income Home Energy Assistance
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Alaska Temporary Assistance Program (ATAP)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Child Care Assistance Program
<input type="checkbox"/> Denali Kid Care	<input type="checkbox"/> Senior Benefits
<input type="checkbox"/> Alaska Adult Public Assistance Program	<input type="checkbox"/> Women, Infants and Children's Program (WIC)
<input type="checkbox"/> Alaska Heating Assistance Program	<input type="checkbox"/> Pioneer Home Payment Assistance
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> National School Lunch Program
<input type="checkbox"/> Alaska Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/> Chronic & Acute Medical Assistance (CAMA)
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Bureau of Indian Affairs General Assistance Program
<input type="checkbox"/> Head Start (households must meet income qualifiers)	<input type="checkbox"/> Food Distribution Program on Indian Reservations
<input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF)	

**Alaska State Housing Corporation Programs:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Public Housing                                   | <input type="checkbox"/> Home Investment Partnership (HOME) | <input type="checkbox"/> Senior Citizen Housing Development |
| <input type="checkbox"/> Interest Rate Reduction for Low Income Borrowers |   |   |



## B. Household Income Level

- A Household is all persons (including children and people not related to you) living at one address.
- Household Income is total income for all adults (persons over 18 or emancipated minors) that are part of the economic unit sharing income and expenses of the Household, regardless of relationship. See Lifeline Household Worksheet for more information.
- You must provide documentation verifying income for all members of your household. If you or another member of the Household has more than one source of income check all that apply from the list below. Total Household income must not exceed the current year Lifeline Eligibility Level for Alaska.
- When providing documents pertaining to monthly benefits or wages, applicant must provide 3 consecutive months of proof.
- If application is mailed, documents provided for proof will be destroyed and not returned, unless a stamped, self-addressed envelope is enclosed with application.

I certify that (a) there are \_\_\_\_ members of my household and  
(b) My household income is at or below 135% of the Federal Income Eligibility Guidelines.

Please Initial

### Income Eligibility Guidelines

Household Size	1	2	3	4	5	6	7	8	For each add'l person
Alaska 2016	\$20,034	\$27,027	\$34,020	\$41,013	\$48,006	\$54,972	\$61,992	\$69,012	Add \$7,020

### Provide Documentation for TOTAL Household Income Please check all that apply below

- ☐ The prior year's State, Federal, or Tribal tax return
- ☐ Current income statement from an employer or paycheck stub\*
- ☐ Social Security statement of benefits
- ☐ Veteran Administration statement of benefits
- ☐ Retirement or pension statement of benefits
- ☐ Unemployment or Worker's Compensation statement of benefits
- ☐ Federal or Tribal notice of letter of participation in General Assistance
- ☐ Divorce decree or child support award
- ☐ Other official document containing income information

\*If the documentation does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous 12 months.



## SUBSCRIBER ACKNOWLEDGMENTS

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application, including **LIFELINE CRITICAL INFORMATION** and **PARTICIPANT RESPONSIBILITIES** sections on page 1; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

Please initial each one

- 1) I understand that Lifeline support is only available for a single telephone line at my principle residence. \_\_\_\_\_
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence. \_\_\_\_\_
- 3) I understand that completion of this application does not constitute immediate enrollment in this program. \_\_\_\_\_
- 4) I understand service will be provided subject to the terms and conditions of service explained by the Customer Service Representative, rate plan brochure and Lifeline and Link-Up contract rider. \_\_\_\_\_
- 5) I agree to notify MTA within thirty (30) calendar days if:
  - (a) My household income exceeds 135% of the federal income eligibility guidelines. \_\_\_\_\_
  - (b) I no longer participate in the Assistance program(s) as identified on page 1. \_\_\_\_\_
  - (c) I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit. \_\_\_\_\_
- 6) I further consent to the release of the information on this application internally (including financial information) pursuant to the administration of this program. \_\_\_\_\_
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law. \_\_\_\_\_
- 8) I understand that, at any time, I may be required to provide continued proof of eligibility; if I fail to provide that information, it will result in my disenrollment and the termination of my benefit of Lifeline service. \_\_\_\_\_
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit. \_\_\_\_\_
- 10) The information contained in this certification is true and correct to the best of my knowledge. \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

**SIGNATURE AND DATE REQUIRED**

### WIRELESS CUSTOMERS ONLY

If for any reason I am de-enrolled from the Lifeline support program, I am aware that MTA will change my minute plan to a comparable minute plan and my monthly phone bill amount will increase to reflect this change.

Please Initial

**(3010) Progress Report on 5 Year Plan – Milestone Certification**

Matanuska Telephone Association, Inc. has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

**(3012) Progress Report on 5 Year Plan – community Anchor Institutions**

Matanuska Telephone Association, Inc. has had two new community anchor institutions which we began providing access to broadband service in the preceding calendar year. Reporting this pursuant to § 54.313(f)(1)(ii).

They were both new schools within the Matanuska Susitna Borough School District. One is the Reddington Sr. Jr/Sr High School. The other is the Mat-Su Day School, which is an alternative transitional school.

(3005a) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

Page 1 of 3

<010> Study Area Code	613015
<015> Study Area Name	Matanuska Telephone Association, Inc
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Sonja Nelson
<035> Contact Telephone Number - Number of person identified in data line <030>	9077612439
<039> Contact Email Address - Email Address of person identified in data line <030>	snelson@mta-telco.com

Filed as reviewed single company	<input type="checkbox"/>	Filed as audited single company	<input checked="" type="checkbox"/>
Filed as reviewed consolidated company	<input type="checkbox"/>	Filed as audited consolidated company	<input type="checkbox"/>
Filed as subsidiary of reviewed consolidated company	<input type="checkbox"/>	Filed as subsidiary of audited consolidated company	<input type="checkbox"/>

## CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

*Wanda Tankersley*  
Signature

6/30/16  
Date

## PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
0. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
<b>NONCURRENT ASSETS</b>			41. Premium (Discount) on L/T Debt		
1. Investment in Affiliated Companies			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
2. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
3. Nonregulated Investments			47. Other Long-Term Liabilities		
4. Other Noncurrent Assets			48. Other Deferred Credits		
5. Deferred Charges			49. Other Jurisdictional Differences		
6. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)			<b>EQUITY</b>		
			51. Cap. Stock Outstanding & Subscribed		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			52. Additional Paid-in-Capital		
8. Telecom, Plant-in-Service			53. Treasury Stock		
9. Property Held for Future Use			54. Membership and Cap. Certificates		
0. Plant Under Construction			55. Other Capital		
1. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
2. Less Accumulated Depreciation			57. Retained Earnings or Margins		
3. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
4. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

REDACTED - FOR PUBLIC INSPECTION

(3005b) Operating Report for Privately-Held Rate of Return Carriers  
Income Statement - Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

Page 2 of 3

<010> Study Area Code 613015  
 <015> Study Area Name Matanuska Telephone Association, Inc  
 <020> Program Year 2017  
 <030> Contact Name - Person USAC should contact regarding this data Sonja Nelson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9077612439  
 <039> Contact Email Address - Email Address of person identified in data line <030> snelson@mta-telco.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period ((31+33+34)-(35+36+37+38))		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio ((14+20-10-11)/7)		
46. Operating Accrual Ratio ((14+20+26)/7)		
47. TIER ((31+26)/26)		
48. DSCR ((31+26+10+11)/44)		

REDACTED - FOR PUBLIC INSPECTION

<010> Study Area Code	613015
<015> Study Area Name	Matanuska Telephone Association, Inc
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PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

## REPORT OF INDEPENDENT AUDITORS

Board of Directors  
Matanuska Telephone Association, Inc.

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Matanuska Telephone Association, Inc. and its subsidiaries, which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of operations, comprehensive loss, members' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate for the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

**REPORT OF INDEPENDENT AUDITORS**  
**(continued)**

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Matanuska Telephone Association, Inc. and its subsidiaries as of December 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Moss Adams LLP*

Spokane, Washington  
July 12, 2016